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Jun 02, 2006 8:00 am
Secretary of State
03-16-2006 90224 023 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

3/1

DOCUMENT # P05000016479

1. Entity Name
EL TROPICAL, INC.

Principal Place of Business
1875 CENTRAL FLORIDA PARKWAY
ORLANDO, FL 32837

Mailing Address
1875 CENTRAL FLORIDA PARKWAY
ORLANDO, FL 32837

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country
3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

03132006 Chg-P CR2E034 (11/05)

4. FEI Number: 20-2283397 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GONZALEZ, ELADIA E
2119 TIPTREE CIRCLE
ORLANDO, FL 32837

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature]

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	GONZALEZ, ELADIA E	
STREET ADDRESS	2119 TIPTREE CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	VP	☐ Delete
NAME	GONZALEZ, RENE D	
STREET ADDRESS	2119 TIPTREE CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/26/06
Signature and Typed or Printed name of signing officer or director — Date — Daytime Phone #